

New and Emerging Approaches to Quitting

In the previous three chapters, our discussions focused on traditional addiction treatment programs and 12-step groups. Although these approaches continue to dominate the landscape of addiction treatment, and in most communities are the only readily available forms of help, there is a growing array of new and innovative approaches. While most treatment programs continue to subscribe exclusively to the disease explanation of addiction, some are slowly recognizing the value of these fresh approaches and are including some aspects of them as part of their treatment strategies or as referral sources for their clients. In this chapter we look at some of these promising new approaches.

An innovation taking place in some parts of the United States that is widely accessible in many communities is the formation of new groups dedicated to exploring alternative

approaches to resolving addiction. Some of these groups depart sharply from the disease views associated with treatment and 12-step groups. In this chapter, we will identify these groups and tell you how to access them.

Among formal treatment options, far less innovation seems to be occurring in inpatient residential treatment settings than in outpatient programs. This contrast is especially apparent in private practice outpatient settings where counseling or psychotherapy is provided by professionals such as psychologists, licensed clinical social workers, and other highly trained clinicians. Inpatient residential treatment programs that totally deviate from the traditional disease approach discussed in chapter 2 are few and far between, however. Some of the traditional programs are incorporating parts of these new techniques into their overall program structure, but, for the most part, the fundamental disease framework of most inpatient residential programs remains. In chapter 7 we will tell you how to contact nearly all substance dependency treatment programs in the United States and help you locate the inpatient residential programs that are the least wedded to the traditional approach.

Innovations in Detoxification

Here we'll briefly overview several interesting developments in the area of detoxification. Detoxification is generally not thought of as treatment *per se*, but knowing about these developments will be helpful for you as you consider treatment

options. These developments include rapid opiate detoxification, slow blind methadone detoxification, and some recent progress in the area of general detoxification methods.

Rapid Opiate Detoxification

Rapid opiate detoxification, a new approach to opiate dependence withdrawal, has recently received much attention from both the professional substance abuse literature and the popular press. Its developers report that it is a breakthrough technique that can be used to quickly detoxify persons addicted to heroin, methadone, or other powerful opiates. Essentially, it is a process whereby the opiate-dependent person is anesthetized and given naltrexone (discussed in chapter 6) to induce withdrawal while he or she is unconscious. In a sense, it is both a detoxification method and a treatment approach since clients are provided with naltrexone therapy and ongoing counseling upon release. While those who introduced this method make claims of high success in the use of this approach, the treatment community has yet to be convinced of its long-term efficacy. This rather costly approach is not widely available, but could become so if claims of its success hold up.

If rapid opiate detoxification does become accepted as an improved procedure, this method could dramatically motivate addicts to stop use of heroin and other powerful opiates. The harsh withdrawal syndrome traditionally associated with chronic use of these opiates has presented a major obstacle for those who might have wanted to quit. Rapid

detoxification techniques may also soon become available for dependence on other drugs as well. Though we await the results of more clinical research on rapid opiate detoxification before we can recommend this approach, we feel obligated to make you aware of this technique.

Slow Blind Methadone Detoxification

Since its inception, traditional methadone detoxification has always been a relatively gradual process, with decreasing doses of the drug administered until the person is finally weaned off methadone completely. The process has generally been in the range of two to four weeks and longer, depending on the agency setting and the dosage. Slow blind methadone detoxification is a process that is protracted, and dose reduction comes in much smaller increments. Slow methadone detoxification uses a much smaller dosage than the typical 5 milligrams per reduction. An important part of this process is that doses of a placebo follow the last dose of methadone without informing the person of the change. The person remains on the placebo for a while before being told that he or she is no longer taking methadone. Several studies suggest that this method of detoxification renders better results than the traditional method.

Changes in General Detoxification

There are at least two improvements in the overall detoxification process. The first is that medications that aid the

detoxification process have evolved over the years and their variety has expanded. Medical professionals have more access to a wider range of medications to assist the detoxification process than they had even ten years ago. Some medications that were used to treat dependence on one drug are now showing promise for aiding the detoxification process from other drugs. While it is not a major breakthrough, this improvement and expansion of available medications is important to note. The second development in this area is that detoxification is now being done more on an outpatient basis than ever before. Although this shift is driven mostly by cost-containment goals, a number of studies demonstrate the value of outpatient detoxification when the person's physical health status is not in danger. Having to enter an inpatient detoxification program can be a critical obstacle for many who might otherwise consider quitting.

Alternative Self-Help Groups

One of the more noticeable innovations for helping people overcome addiction is the rise in the number of alternative self-help groups. Some of these approaches are similar to those of 12-step groups in that they subscribe to the disease theory of addiction; others depart radically from this approach. Compared to AA, all of these alternatives share a relatively recent history since all were created within the last twenty-five years. Below we provide for you an overview of

each of them and give their website address. On their websites you will find a wide range of information about these groups, including their purpose, whom they are intended to serve, how to contact their headquarters, how to start groups, and where established groups meet, including location and times. Most have chatrooms, with some even holding official meetings in on-line chatrooms. None of those we mention below charge a fee for access to information on their websites or attending face-to-face group meetings; like 12-step groups, these services are free.

Rational Recovery: www.rational.org/recovery

Rational Recovery (RR) was founded in 1985 by Jack Trimpey, a clinical social worker. From that time until just recently, Rational Recovery was fast becoming the largest network of alternative self-help groups available for those with substance dependency problems, filling an important gap for those who found 12-step groups unappealing. Many hundreds of meetings were available across the nation. Much of the treatment community, including the criminal justice system, had begun to recognize the potential value of RR group participation for some of its clients. RR has recently concluded that recovery meetings are unnecessary to overcome substance dependency, and participating in them may actually exacerbate the situation. The organization has now made a firm commitment no longer to offer recovery meetings. Instead, it now offers training in what is referred

to as Addictive Voice Recognition Technique (AVRT), a cognitive-behavioral strategy that relies on changing one's thinking patterns and controlling one's motivations and is intended to provide all that is needed to overcome compulsions to use alcohol and other drugs when abstinence is the goal. Though many have expressed reservations about this move by RR and about the effectiveness of AVRT without group meetings, you will find numerous impressive testimonials about how this simple technique has radically changed the lives of some of those who have successfully applied it.

We include RR in this discussion of alternative self-help groups because it had become so widely known and used by so many over the last ten years. Additionally, many who have heard of RR as an alternative to 12-step groups have probably not realized that it has changed its helping strategy. We have not yet seen, and perhaps will never see, an official recommendation from RR about where those who want to attend meetings should go, but we suspect that SMART (discussed below) might be the place. Drawing heavily on the cognitive-behavioral work of Albert Ellis, both organizations continue to operate from similar philosophical and theoretical orientations.

Self Management and Recovery Training:

[www:smartrecovery.org](http://www.smartrecovery.org)

Self Management and Recovery Training (SMART) is a self-help organization that evolved from Rational Recovery.

SMART's philosophy is similar to that of 12-step groups in only one way: it is an abstinence-based program. However, it does not subscribe to the disease theory of substance dependence or the powerlessness belief inherent in the 12-steps. It does not draw on ideas from religion or require that its participants see themselves as alcoholics or addicts. Its philosophy and approach are grounded in the work of psychologist Albert Ellis and in cognitive-behavioral psychotherapy. SMART is a rapidly growing organization that now offers meetings in about two-thirds of the states. Meetings are also available in Canada, Australia, and Europe. Because of the position that RR has recently taken about recovery meetings, SMART might see the number of its groups expand rapidly in the near future. The purposes and methods of SMART can be found on their website and are as follows:

We help individuals gain independence from addictive behavior.

We teach how to:

A: enhance and maintain motivation to abstain

B: cope with urges

C: manage thoughts, feelings and behavior

D: balance momentary and enduring satisfactions

Our efforts are based on scientific knowledge, and evolve as scientific knowledge evolves.

Individuals who have gained independence from addictive behavior are invited to stay involved with us, to enhance their gains and help others.

Women For Sobriety: www.womenforsobriety.org

Women For Sobriety (WFS) is the oldest of the alternative self-help groups that we will discuss. It was founded by the late Dr. Jean Kirkpatrick in 1976 as a women's alternative to Alcoholics Anonymous. The organization is now open to women who are dependent on alcohol as well as other drugs. Dr. Kirkpatrick was a sociologist who had had a personal struggle with alcohol addiction for twenty-eight years. She attended AA meetings but found their authoritarian nature and chauvinistic views to be incompatible with her own unique needs as a woman. Furthermore, she often experienced a desire to drink after attending these meetings. WFS is based on thirteen statements that form the "New Life Program." These statements are grounded in various well-established theories, including cognitive-behavioral, feminist, and self-efficacy theory. They can be found on the WFS website and are listed below.

I have a life-threatening problem that once had me.
 Negative thoughts destroy only myself.
 Happiness is a habit I will develop.
 Problems bother me only to the degree I permit them to.
 I am what I think.
 Life can be ordinary or it can be great.
 Love can change the course of my world.
 The fundamental object of life is emotional and spiritual growth.
 The past is gone forever.

All love given returns.

Enthusiasm is my daily exercise.

I am a competent woman and have much to give life.

I am responsible for myself and for my actions.

Currently there are more than three hundred WFS meetings available in the United States, Canada, England, New Zealand, Australia, Ireland, and Finland. On-line meetings are also offered and conducted by WFS Coordinators.

Secular Organizations for Sobriety:

www.cfiwest.org/sos

Secular Organizations for Sobriety (SOS), also known as Save Our Selves, is a network of self-help groups for alcohol- and drug-dependent persons who are uncomfortable with the religious or spiritual content of 12-step groups. The organization was founded by James Christopher in 1986. Christopher began attending AA meetings in 1978 to help him deal with his alcohol dependence. He became extremely frustrated with the religious tone of AA meetings and created his own group in which such an emphasis was excluded. While SOS groups do not adhere to the powerless principle and hold positions on issues that are completely different from those held by 12-step groups, these groups are still more similar to 12-step groups than any of the others discussed in this chapter. They refer to their members as alcoholics and addicts, and they subscribe to the disease theory of substance dependence. Like the other alternative groups

discussed, the number of groups has expanded over the years. Groups exist in about half of the states, and meetings are also held in Australia, Canada, and Europe. The General Principles of SOS presented on its website include:

All those who sincerely seek sobriety are welcome as members in any SOS group.

Although sobriety is an individual responsibility, life does not have to be faced alone. The support of other alcoholics and addicts is a vital adjunct to recovery. In SOS, members share experiences, insights, information, and supportive group meetings.

Sobriety is the number one priority in an alcoholic's or addict's life. As such, they must abstain from all drugs or alcohol.

SOS is not a spin-off of any religious group. There is no hidden agenda, as SOS is concerned with sobriety, not religiosity.

SOS seeks only to promote sobriety amongst those who suffer from alcoholism or other drug addictions. As a group, SOS has no opinion on outside matters and does not wish to become entangled in outside controversy.

To avoid unnecessary entanglements, each SOS group is self-supporting through contributions from its members, and refuses outside support.

Honest, clear, and direct communication of feelings, thoughts, and knowledge aids in recovery and in choosing non-destructive, non-delusional, and rational approaches to living sober and rewarding lives.

As knowledge of drinking or addiction might cause a person harm or embarrassment in the outside world, SOS guards the anonymity of its membership and the contents of its discussions from those not within the group.

SOS encourages the scientific study of alcoholism and addiction in all their aspects. SOS does not limit its outlook to one area of knowledge or theory of alcoholism and addiction.

When you retrieve material about SOS from the Internet, you might also consider looking up LifeRing Secular Recovery. This organization is among the network of groups that constitute SOS and has a very comprehensive, informative website. They even list a number of inpatient residential programs for consideration and state to what degree these programs incorporate 12-step meetings into their treatment approach. See www.unhooked.com.

Moderation Management: www.moderation.org

Moderation Management (MM) is a self-help group primarily for those who have experienced difficulty with alcohol abuse. The group's philosophy diverges radically from that of 12-step groups in many ways. MM does not subscribe to the disease theory of alcohol dependence or to the position that persons who have experienced problems with alcohol necessarily need to practice abstinence. Their position is that many people who have experienced problems managing their intake of alcohol can learn to reduce their drinking to

nonproblematic levels. They clearly maintain, however, that this approach is not appropriate for all alcohol abusers; in fact, MM is not intended for those with long histories of chronic alcohol dependence. They suggest that those with this kind of history, or whose health has been severely compromised by alcohol use, or who otherwise represent very serious cases of alcohol dependence, would probably be poor candidates for MM. In fact, their target group might be better characterized as problem drinkers rather than those who are obviously alcohol dependent. Moderation Management's website offers chatrooms and on-line meetings. While not as pervasive as some of the other groups we have discussed, MM is expanding and groups now meet in about one quarter of all of the states and also in some parts of Canada.

Moderation Management is not without its critics. Many assert that offering reduced drinking rather than abstinence as a goal is a dangerous proposition that could hurl those with many years' abstinence into an abysmal cycle of uncontrolled drinking. Some say that MM appeals to a false hope that alcohol-dependent persons hold about their ability to drink again. Conversely, the principles of MM seem to comport with research and recent developments in the field of substance dependency treatment that suggest that large numbers of persons reduce their intake of alcohol to less problematic levels and that abstinence is an unnecessary goal for some.

It is important to note that any discussion of MM, particularly with those affiliated with the treatment community or 12-step groups, will lead to a mention of the unfortunate and

tragic car accident involving MM's founder, Audrey Kishline. After leaving MM and returning to AA in January of 2000, Kishline was involved in a car accident in March of that year, where she was charged with killing two people while driving while intoxicated. Ms. Kishline has now changed her position on the value of MM. Some blame AA for her circumstances, others blame her earlier involvement with MM, still others suggest she, and she alone, is responsible for driving while drinking, and looking for blame elsewhere is misguided. Many who participate in MM have expressed deep regret about Ms. Kishline's situation, but assert that the principles of MM continue to benefit them in numerous ways and see no reason to abandon them because of this unfortunate incident. MM's nine steps toward moderation and balance as presented on their website include:

Attend meetings (local groups or on-line) and learn about the program of Moderation Management. Note: For those who do not want to go to support groups, this program can be followed without attending meetings.

Abstain from alcoholic beverages for 30 days and complete steps three through six during this time.

Examine how drinking has affected your life.

Write down your life priorities.

Take a look at how much, how often, and under what circumstances you used to drink.

Learn the MM guidelines and limits for moderate drinking. (This information is provided at meetings and in MM literature.)

Set moderate drinking limits and start weekly “small steps” toward positive lifestyle changes.

Review your progress and update your goals.

Continue to make positive lifestyle changes, help newcomers to the group, and attend meetings as needed for ongoing support.

No doubt there are other self-help groups available to substance-dependent persons in various communities, though they may not have received the same level of attention by the popular and professional literature as those above. In fact, we know of one group that exists that has no organizing structure, set of principles, or even an identifying name. This group has developed naturally and meets once a week for the sole purpose of helping the participants maintain their abstinence. We also see no reason why such groups could not be created by others who choose to do the same, and this alternative should be included as a possible option when discussing alternatives to 12-step groups.

Innovations in Outpatient Treatment

Although most of the innovative options for assisting persons with their substance dependency problems have come in the form of new self-help groups, there are also at least three interesting developments in the area of outpatient treatment worth including in this chapter. Rather than attempt the near impossible task of identifying the various pro-

grams and professional practitioners who are involved in these developments, we will provide an overview of these developments. Later, in chapter 7, we will offer suggestions about how to shop around for outpatient treatment that is less anchored to the traditional approach of substance dependency treatment.

Innovations in Private Practice

Today, if someone with an addiction problem wanted to access professional help that was not grounded in the disease perspective, he or she would best be served by seeking outpatient help from professionals in private practice. That does not mean that some psychologists, social workers, and other professionals do not subscribe to the disease theory of substance dependence, it only means that you can increase your chances of being introduced to a nontraditional perspective if you seek the services of these persons. Most of them have had training far beyond the somewhat narrow view of the disease theory of addiction. Many are able to draw on a wide range of perspectives that are generally required of them as part of their advanced professional education. Similarly, many are familiar with the major emerging research findings regarding the effectiveness of new as well as standard treatment approaches. They are also more likely to integrate some of these new ideas into their practice with substance-dependent clients.

For example, many of these professionals are likely to be familiar with studies that suggest that a cognitive-behavioral

approach that aims to change negative patterns of thinking is more effective with certain kinds of clients than participation in 12-step groups. In fact, cognitive-behavioral theory is beginning to direct much of the practice of these professionals. Similarly, many others in private practice are anchoring their practice with substance-dependent clients on social learning theory, while others are emphasizing biopsychosocial models of substance dependency. Most of these theories about human behavior, including habitual use of alcohol and other drugs, have been subjected to research by the various disciplines of which these professionals are members. Again, the important point is that if you want something other than the traditional disease-based approaches, such as those that have been studied by researchers, your best chance of getting it is from professionals in private practice.

One caveat is in order regarding professionals such as psychologists and licensed clinical social workers. Note that we did not include psychiatrists in our examples of alternative approaches. Psychiatrists are trained as medical doctors who focus on identifying disease and treating it. And, while there are many psychiatrists who do not subscribe to the disease explanation of addiction and are keenly aware of many theories of human behavior, your chances of connecting with one who has a non-disease treatment orientation might be less than your chances with some of the other professionals. Furthermore, psychiatrists unfamiliar with treating substance dependency might be too quick to prescribe other drugs to treat addiction that might actually exacerbate the problem.

Rather than considering them as primary providers of treatment, we prefer to include psychiatrists as case consultants when mental health conditions seem to warrant psychotropic medications or when there are pressing questions about the severity of a client's compromised mental health state.

Assistance from the Internet

As we all have come to know, the Internet has dramatically changed the way we gather information about things that interest us. Even if you have no access to the Internet in your home, most local libraries provide such access to its patrons. The influence of the Internet is no less apparent when it comes to gathering information about the world of addiction treatment. Currently, the Internet offers a wealth of information about various treatment options and many other aspects of alcohol and drug use. All of the new self-help groups identified earlier in this chapter have websites, and their services are free. Though there are many other forms of free assistance, many treatment-related services can be purchased on-line. The services an organization offers may range from a brief presentation of educational materials provided on-line, to counseling sessions set up on-line and conducted by phone. Many of these organizations offer the same kind of innovative assistance with regard to substance abuse problems as the new self-help groups discussed above. Below, we will discuss three examples of such on-line services and in-

clude their website addresses. A thorough search on the Internet will yield many more such websites.

Drinkwise: www.med.umich.edu/drinkwise

Drinkwise is a confidential, brief-intervention program for those with mild to moderate alcohol problems. The program is not designed for those with severe or chronic alcohol dependency or who otherwise might require more intensive treatment. Drinkwise encourages the user to decide whether he or she wants to reduce his or her drinking or quit altogether, then assists with reaching that goal. Drinkwise also offers a program for those who have been arrested for driving while under the influence of alcohol. In this program the client is directed to one of two formats with an emphasis on drinking and driving.

*Addiction Alternatives:
www.addictionalternatives.com*

Addiction Alternatives is an alternative to traditional treatment and 12-step groups. Its founder and director is Marc Fern, a clinical psychologist with many years of personal and professional-practice experience with drugs. Drawing on both of these experiences, his practice with clients is grounded in the philosophy that people can learn how to overcome substance dependency and move on to enjoy life without practicing complete abstinence. His position is that some can use alcohol moderately and responsibly.

Behavior Therapy Associates:
www.behaviortherapy.com

Behavior Therapy Associates is an organization of psychologists providing clinical services, research, and training for health care and mental health providers. It also provides these services to organizations. One of its primary research and training interests is substance misuse. Its software programs teach how to moderate one's drinking, and its website provides a list of therapists across the United States who practice moderation training.

Wider Range of Outpatient Programs

As stated in chapter 2, for better or worse, outpatient treatment services for substance dependency have grown rapidly in recent years. A number of factors have contributed to this increase in outpatient services, notably cost containment efforts by Managed Care Organizations (MCOs) and growing recognition that the more expensive and intrusive inpatient residential care may not be necessary for many substance abusers. While many practitioners have become extremely frustrated by this movement driven by profit motives, some outpatient programs are experimenting with creative program planning that could prove beneficial to its clients. Drop-in activities, day treatment, evening treatment, and other kinds of programming offer different kinds of opportunities than the once-a-week

counseling sessions typically provided a few years ago. On the one hand, we share the frustration of practitioners with the MCOs; on the other, as a potential consumer of outpatient services it is important for you to know that the variety of outpatient services in some communities are worth considering. Some of the more comprehensive day and evening outpatient programs have as many educational and/or therapeutic activities as some of the more relaxed inpatient residential programs.

Conclusion

Our overview of emerging alternatives and promising innovations in the area of addiction treatment is not presented as an indictment against traditional treatment or participation in 12-step groups. Indeed, many persons in this country have benefited from such treatment and from affiliating with 12-step groups. However, the unfortunate reality is that these programs have limited success. Although there are numerous reasons why they fail, the principle reason is that these approaches rely on a disease-based theory of addiction to the exclusion of other possible causes. The result of this unitary and often inflexible approach has essentially limited the menu of choices available to substance-dependent persons. The new strategies for overcoming addiction discussed in this chapter are a move from this impasse to more choices that might be more attractive and yield better results in certain types of

persons. Yet, there is still much to be done; most of the new approaches that require face-to-face contact are still available only in certain parts of the country and in large metropolitan areas.